AMENDMENT TRANSMITTAL LETTER

			Docket No. 64589(50024)
Application No. 10/561,407-Conf. #1097	**Filing Date** May 2, 2006	**Examiner** R. C. Robinson	**Art Unit** 4142

Applicant(s):   Ian Hynd et al.

Invention: IMPROVEMENTS TO LOUDSPEAKER DRIVER ASSEMBLIES

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	**Highest Number Previously Paid**	**Number Extra Claims Present**	**Rate**	
Total Claims	27	- 40 =		x	
Independent Claims	1	- 6 =		x	
Multiple Dependent Claims (check if applicable)			☐		
Other fee (please specify): Extension for response within second month					245.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					245.00

☐ Large Entity   ☒ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. ___04-1105___ in the amount of $ ___245.00___ .
   A duplicate copy of this sheet is enclosed.

☐ A check in the amount of $ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. ___04-1105___
   as described below. A duplicate copy of this sheet is enclosed.

   ☒ Credit any overpayment.

   ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/George N. Chaclas/   Dated: ___January 28, 2009___
George N. Chaclas
Attorney/Agent Reg. No.: 46,608

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874
Boston, Massachusetts 02205
(401) 276-6653

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

> MS Amendment
> Commissioner for Patents
> P.O. Box 1450
> Alexandria, VA 22313-1450

on _____ January 28, 2009 _____ ·
Date

/George N. Chaclas/
Signature

George N. Chaclas
Typed or printed name of person signing Certificate

46,608	(401) 276-6653
Registration Number, if applicable	Telephone Number

Note: Each paper must have its own certificate of mailing.

Transmittal (1 page)
Fee Transmittal (1 page)
Extension of Time Request (2 pages)
Amendment Transmittal (1 page)
Amendment (15 pages)

Charge $245.00 to deposit account 04-1105

Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).* **FEE TRANSMITTAL** **For FY 2009**	**Complete if Known**	
	Application Number	10/561,407-Conf. #1097
	Filing Date	May 2, 2006
	First Named Inventor	Ian Hynd
	Examiner Name	R. C. Robinson
[x] Applicant claims small entity status. See 37 CFR 1.27	Art Unit	4142
TOTAL AMOUNT OF PAYMENT ($) 245.00	Attorney Docket No.	64589(50024)

METHOD OF PAYMENT (check all that apply)

[ ] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[x] Deposit Account Deposit Account Number: _____04-1105_____ Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[x] Charge fee(s) indicated below [ ] Charge fee(s) indicated below, **except for the filing fee**

[x] Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 [x] Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fees Paid ($)**
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	**Fee ($)**	**Small Entity Fee ($)**
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims		**Extra Claims**	**Fee ($)**	**Fee Paid ($)**	**Multiple Dependent Claims**	
27	- 40 or HP	_____ x _____	= _____		**Fee ($)**	**Fee Paid ($)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims		**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
1	- 6 or HP =	_____ x _____	= _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee ($)**	**Fee Paid ($)**
_____ - 100 =	_____ /50 =	_____ (round **up** to a whole number) x	_____ =	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2252 Extension for response within second month	245.00

SUBMITTED BY

Signature	/George N. Chaclas/	Registration No. (Attorney/Agent) 46,608	Telephone	(401) 276-6653
Name (Print/Type)	George N. Chaclas		Date	January 28, 2009

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/561,407-Conf. #1097
Filing Date	May 2, 2006
First Named Inventor	Ian Hynd
Art Unit	4142
Examiner Name	R. C. Robinson
Attorney Docket Number	64589(50024)

Total Number of Pages in This Submission

ENCLOSURES (*Check all that apply*)

[x] Fee Transmittal Form
   [ ] Fee Attached
[x] Amendment/Reply
   [ ] After Final
   [ ] Affidavits/declaration(s)
[x] Extension of Time Request
[ ] Express Abandonment Request
[ ] Information Disclosure Statement
[ ] Certified Copy of Priority Document(s)
[ ] Reply to Missing Parts/ Incomplete Application
   [ ] Reply to Missing Parts under 37 CFR 1.52 or 1.53

[ ] Drawing(s)
[ ] Licensing-related Papers
[ ] Petition
[ ] Petition to Convert to a Provisional Application
[ ] Power of Attorney, Revocation Change of Correspondence Address
[ ] Terminal Disclaimer
[ ] Request for Refund
[ ] CD, Number of CD(s) _____
   [ ] Landscape Table on CD

[ ] After Allowance Communication to TC
[ ] Appeal Communication to Board of Appeals and Interferences
[ ] Appeal Communication to TC **(Appeal Notice, Brief, Reply Brief)**
[ ] Proprietary Information
[ ] Status Letter
[x] Other Enclosure(s) (please Identify below):

Amendment Transmittal
Certificate of Electronic Filing

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP
Signature	/George N. Chaclas/
Printed name	George N. Chaclas
Date	January 28, 2009
Reg. No.	46,608